

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019035

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **032** Primary Registration District No. _____ Registrar's No. **37**

FILED MAY 28 1963

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) LUTESVILLE		Length of stay in 1b 3 WEEKS	c. CITY OR TOWN RURAL
c. FULL NAME OF (If NOT in hospital, give location) BOND NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS NEAR GLEN ALLEN
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CHARLES RUSSELL GIBBS			4. DATE OF DEATH MAY 5, 1963		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 25, 1887	9. AGE (last birthday) 75	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) BOLLINGER CO., MO. USA		12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME ADOLPH GIBBS		13b. MOTHER'S MAIDEN NAME ELMIRE ZIMMERMAN		14. NAME OF HUSBAND OR WIFE IVA GIBBS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. 85		17. INFORMANT MILFORD H. GIBBS, LUTESVILLE, MO.	

18. CAUSE OF DEATH (Enter only one cause permitted for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause, (b), stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION GLEN ALLEN, MO.	

21. I attended the deceased from April 21, '63 to May 5, 1963 and last saw her alive on May 5, 1963 Death occurred at 10:15 A m on the date stated above and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>John Sheehy MD.</i>	(Degree or title)	22b. ADDRESS <i>Lutesville Mo</i>	22c. DATE SIGNED 5-20-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 7, 1963	23c. NAME OF CEMETERY OR CREMATORY Glen Allen Cemetery	23d. LOCATION (City, town, or county) GLEN ALLEN, MO.
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24. FUNERAL DIRECTOR BAKER FUNERAL HOME, LUTESVILLE, MO.	25. DATE RECD. BY LOCAL REG. 5/22/63	26. REGISTRAR'S SIGNATURE <i>Mrs Buford Crader</i>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

1 **0090**

2 **0090**

3

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9 **446 X**

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11

12 **86-2**

13 **1-0**

STATEMENT BY LICENSED EMBALMER

MAY 29 1983

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Luttrell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.